

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name <u>City of San Jose</u>		RECEIVED Date Stamp San Jose City Clerk <u>OTC</u> 2017 MAY 16 PM 2:47	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 6</u>			
Designated Agency Contact (Name, Title) <u>Mary Anne Green</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>(408) 535-4952</u>	E-mail <u>maryanne.green@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ \$73, \$83

Event Description: Gabriel Iglesias Date(s) 05/13/17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Davis, Devora
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Council District 6</u>	<u>11</u>	<u>Host Participants</u>
<u>San Jose Police Department Intelligence and K-9 Units</u>	<u>13</u>	<u>Recognition of service</u>

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Mary Anne Green Mary Anne Green Chief of Staff 05/16/17
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____